2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# P95000090355

Entity Name: SUPERIOR FIRST RESPONSE, INC.

Current Principal Place of Business:

755 W. JAMES LEE BLVD
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

THE MADISON BLD
1020 S FERDON BLVD
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-3355319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELTON & WILLIAMSON, P.A.
1020 S FERDON BLVD
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete
Name: ARNETT, KEN
Address: 755 WEST JAMES LEE BLVD.
City-St-Zip: CRESTVIEW, FL 32536

Title: PD ( ) Delete
Name: ARNETT, KAREN
Address: 755 WEST JAMES LEE BLVD.
City-St-Zip: CRESTVIEW, FL 32536

Title: SD ( ) Delete
Name: ARNETT, ERNESTINE
Address: PO BOX 55 N/A
City-St-Zip: HOLT, FL 32514

Title: TD ( ) Delete
Name: ARNETT, MARVIN
Address: PO BOX 55 N/A
City-St-Zip: HOLT, FL 32514

Title: CC ( ) Delete
Name: WELTON, MARK
Address: 1020 SL FERDON BLVD
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change ( ) Addition
Name: ARNETT, KENN
Address: 755 WEST JAMES LEE BLVD.
City-St-Zip: CRESTVIEW, FL 32536

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN ARNETT PD 02/16/2005

Electronic Signature of Signing Officer or Director — Date